

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

CLAIMS

AS FILED

**AFTER
1st AMENDMENT**

**AFTER
2nd AMENDMENT**

IND.

DEP.

IND.

DEP.

IND.

DEP.

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IND.

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IND.

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DEP.

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TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS

14

15

TOTAL
IND.

TOTAL
DEP.

TOTAL
CLAIMS

14

15